Millington, N.J. Plant
From: Gold Bond Building Products Division National Gypsum Company

17-19: 4-161 2 - 31 \_10°110° II IJ 0002429 ST PERMIT NUMBER DIS SIC LATITUDE LONGITUDE 20 - 2 12 22-23 26-27) 28-29) 30-31) 1974 Sept lst lst 1974 Oct REPORTING PERIOD: FROM то YEAR мо DAY YEAR MO DAY

|                          |  | (3 card only)                               | CHANT        | ITY          |                |
|--------------------------|--|---|--------------|--------------|----------------|
| PARAMETER                |  | (3 card only) QUANTITY 38-45: 46-53! 34-6!) |              |              |                |
| <u>'</u>                 |  | MINIMUM                                     | AVERAGE      | MAXIMUM      | UNIT           |
| рH                       | REPORTED   |   | ·<br>·<br>I  |              |                |
|                          | PERMIT<br>CONDITION  |   |              |              |                |
| Temperature              | REPORTED   | 1   |              |              |                |
|                          | PERMIT<br>CONDITION  |   | :            |              |                |
| Total Suspended          | REPORTED   | 8,500                                       | 22,000       | 29,000       | gal/           |
| Solids                   | PERMIT<br>CONDITION  |   |              |              |                |
|                          | REPORTED   |   | !            |              |                |
|                          | PERMIT<br>CONDITION  |   | ,            |              | <b>1</b>       |
|                          | REPORTED   |   |              | i            |                |
| Note: Plant's Wet        | Machine ore  | <del>-</del>                                | <del> </del> | <del> </del> | 4              |
| NO000 12210 0 1101       | CONDIA: OND  | ration was d                                | own 3rd week | of Septembe  | *              |
|                          | REPORTED   | eration was d                               | own 3rd week | of Septembe  | +              |
|                          |  | eration was d                               | own 3rd week | of Septembe  | ASB            |
|                          | REPORTED   | eration was d                               | own 3rd week | of Septembe  | +              |
|                          | PERMIT CONDITION   | eration was d                               | own 3rd week | of Septembe  | ASB 001        |
|                          | PERMIT CONDITION REPORTED PERMIT                                     | eration was d                               | own 3rd week | of Septembe  | ASB            |
|                          | PERMIT CONDITION REPORTED PERMIT CONDITION                           | eration was d                               | own 3rd week | of Septembe  | ASB 001        |
| NAME OF PRINCIPAL EXECUT | PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION |   | own 3rd week |              | ASB 001        |
| NAME OF PRINCIPAL EXECUT | PERMIT CONDITION REPORTED PERMIT CONDITION REPORTED PERMIT CONDITION | TITLE                                       |              |              | ASB 001 0950├─ |

EPA Form 3320-1 (10-72)

## INSTRUCTIONS

CCTION rba<sub>l</sub>

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "\_\_\_ hr. composite") as applicable. If frequency was continuous, enter "NA".

Appropriate signature is required on bottom of this form.
Remove carbon and retain copy for your records.
Fold along dotted lines, staple and mail Original to office specified in penalt.

| 62-63)<br>NO.<br>EX | (4 card only)<br>3) (38-45) | CONCENTRATION (44-93) 54-611 (62-63) |                   |          |     | FREQUENCY      | (69-70)<br>SAMPLE |
|---------------------|-----------------------------|--------------------------------------|-------------------|----------|-----|----------------|-------------------|
|                     | MINIMUM                     | AVERAGE                              | MAXIMUM           | UNITS    | NO. | OF<br>ANALYSIS | TYPE              |
|                     | 10.7                        | 10.9                                 | 11.0              |          |     | 3/7            | Grab              |
|                     | 6.0                         |                                      | 11.0              |          |     |                |                   |
|                     | 68 °F                       | 76°F                                 | 80 F              |          |     | 3/7            | Grab              |
|                     |                             | 70 <b>°</b> F                        | 80 <sup>0</sup> F | _        |     |                |                   |
|                     | 3.25                        | 10.1                                 | 14.75 lbs/day     |          | 3/7 | 12 hour        |                   |
|                     | 0.5                         |                                      | 18.0              |          |     |                | Compositi         |
|                     |                             |                                      |                   |          |     |                |                   |
|                     | <del> </del>                |                                      |                   | +        |     |                |                   |
| +                   |                             |                                      |                   |          |     |                |                   |
| -                   |                             |                                      |                   | 4        |     |                |                   |
|                     |                             |                                      | •                 | •        |     |                |                   |
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mation is true, complete, and accurate.

SIGNATURE OF PRINCIPAL -EXECUTIVE OFFICER OR AUTHORIZED AGENT

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